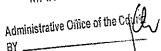
FILED

MAR 3 0 2010







JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR END

SENERAL INFORMATION GENERAL INFORMATION SOMMES' ON ETHICS Title JUSTILL OF THE PEACE Mailing address PO BOX 13/6 9 Length of residence in Nevada Syyars County in which you are registered to vote WASHIVE Length of residence in the county in which you are registered to vote OMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such age or older. No listing of individual clients, customers, or patients is required. Income received from such and the property of the payor age or older. No listing of individual clients, customers, or patients is required. Income received from such and the payor age or older. No listing of individual clients, customers, or patients is required. Income received from such and the payor age or older. No listing of individual clients, customers, or patients is required. Income received from such and the payor age or older.	SENERAL INFORMATION Name PARTULA A. LYNCH Title JUSTILL OF The Peace Mailing address PO BOX 13/6 9 REWO, NV 89507 Length of residence in Nevada Sayvars County in which you are registered to vote WASHV Length of residence in the county in which you are registered to vote Sayvars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successives should be disclosed under a general heading such as "professional services." See Canon 41(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self TRES - Liyy of Reno Self		DECEMBER 31,	20189	
Name PANUA A. AVN Ch Title TUSTILE OF THE PEACE Mailing address PO BOX 13/6 9 REWO, NV 89507 Length of residence in Nevada SA YEARS County in which you are registered to vote WASNIX Length of residence in the county in which you are registered to vote SA YEARS COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, it name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years age or older. No listing of individual clients, customers, or patients is required. Income received from suc sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii Attach additional sheets if necessary. Source of Income Recipient	Name Parity a A. Lynch Title Justile of the Peace Mailing address 70 Box 13/69 Reno, NV 89507 Length of residence in Nevada 59 years County in which you are registered to vote Washey Length of residence in the county in which you are registered to vote 59 years COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successions should be disclosed under a general heading such as "professional services." See Canon 41(2)(a)(iii). Attach additional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient Source Amount Source of Income Recipient Source of Income Recipient Source of Income		DECIMBER 51,	20101	APR 01
Name PANILLA A. LYNTH. Title JUSTILL OF THE PEACL Mailing address PO BOX 13/6 9 RENO, NV 39507 Length of residence in Nevada Sayyars County in which you are registered to vote WASHIVE Length of residence in the county in which you are registered to vote Sayyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successary. Source of Income Recipient	Name PANUL A. LYNCH Title JUST/LL OF THE PEACL Mailing address PO BOX 13/69 Length of residence in Nevada Syyars County in which you are registered to vote Washet Length of residence in the county in which you are registered to vote Syyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach additions sheets if necessary. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient Source of Income Source of Income Recipient Source of Income Source of Income Recipient Source of Income Source of Income Source of Income Recipient Source of Income Source of Income Source of Income Source of Income Recipient Source of Income	,	GENERAL INFO	<u>RMATION</u>	COMMIS
Length of residence in Nevada Syyars County in which you are registered to vote Washive Length of residence in the county in which you are registered to vote Gyyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successional sheets if necessary. Source of Income Recipient Source of Income Recipient Self TRRS - Liyy of Remo Self	Mailing address PO BOX 13/69 Length of residence in Nevada Syyars County in which you are registered to vote Washet Length of residence in the county in which you are registered to vote Syyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from succourses should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self TERS - Liyy of Romo Self	Name Parvid	ia A. Lynch		
Length of residence in Nevada Sg years County in which you are registered to vote Washev Length of residence in the county in which you are registered to vote Sg years COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successional be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient	Length of residence in Nevada Syvars County in which you are registered to vote Wishire Length of residence in the county in which you are registered to vote 5gyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from suc sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient Source of Income Recipient	Title Justile	of the Peace		
Length of residence in Nevada Sg. years County in which you are registered to vote Whshire Length of residence in the county in which you are registered to vote Sg. years COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient Source of Income Recipient	Length of residence in Nevada Syvars County in which you are registered to vote Wishire Length of residence in the county in which you are registered to vote 5gyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from suc sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Source of Income Recipient Source of Income Recipient Source of Income Recipient	Mailing address 7	D BOX 13/69		
Length of residence in Nevada Sayyars County in which you are registered to vote Washire Length of residence in the county in which you are registered to vote Source of Income Recipient Source of Income Source of Income Recipient Source of Income Recipient Source of Income Recipient Source of Income Source of Income Recipient Source of Income Source of In	Length of residence in Nevada Sayyars County in which you are registered to vote Washire Length of residence in the county in which you are registered to vote Sayyars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 41(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 41(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Solf ARS - Liyy Armo Solf	_			, , , , , , , , , , , , , , , , , , ,
County in which you are registered to vote WISHIV. Length of residence in the county in which you are registered to vote 59 yuars COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NOWLE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from suc sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii Attach additional sheets if necessary. Source of Income Recipient Self PARS - Uny of Remo	County in which you are registered to vote		/		
COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PARS - Usy of Remo	COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PARS - Liyy of Reno Self		/ / /	٧.	
COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach addition sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PARS - Usy of Remo	COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. Date Nature and Place of Activity Name of Payor Amount NONE Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PARS - Liyy of Reno Self	Length of residence in	the county in which you are registe	ered to vote 5A 44A	r 5
Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. **Date** Nature and Place of Activity* Name of Payor* Amount* **NONE** Disclose each source of income received by you and by each member of your household who is 18 years age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. **Source of Income** Recipient* **Source of Income**	Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additions sheets if necessary. **Date** Nature and Place of Activity* Name of Payor* Amount* **NONE** Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from successources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. **Source of Income** Recipient* **Source of Income			- /	
Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii Attach additional sheets if necessary. Source of Income Recipient Self PRS - CILY of Reno Self	Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from suc sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PERS - City of Reno Solf	sheets if necessary.	Nature and Place of Activity		
Sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii Attach additional sheets if necessary. Source of Income Recipient Self PRS - Lixy of Reno Self	sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii) Attach additional sheets if necessary. Source of Income Recipient Self PERS - CILY of Reno Self	Disclose each source of	income received by you and by eac	ch member of your household	l who is 18 years of
Source of Income Washor County-salary PERS-CILLY of Reno Self Self	Source of Income Washor County-Salary PERS-CILY of Reno Self Self	sources should be discle	sed under a general heading such as	"professional services." See	Canon 4I(2)(a)(iii)
Washoe County-salary Self PERS-City of Reno Self	Washoe County-salary Self PERS-City of Reno Self		•	Recipient	
PERS-Cily of Reno Self	PERS-CILY of Reno Self	Waches Cour	VI, - 50/any	$\sim 1\overline{D}$	
Rentaliwaome 5017-5pouse	Rentalinaome 5017-5pouse	DED (A.Y.	A Para	Sell.	, <u>Va. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 </u>
Kentalin'00me 5417-5 pouse	Kentalin'00me 5417-5 pouse	19125 - C/X 4	<u> </u>	3017	
		Kenta/IN'a	me	5414-, 5pouse	

REAL PROPERTY

9.	Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. See Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach					
	additional sheets if necessary. Specific Location	Nature/Particular Use	Interest Holder			
	4030 JUSPER, RENO	single family untal	Bank of Amuila			
	1980 SIMPSON, RIND	single family rental	Bank of America			
	9488 Sandstone, Peno	5 inche family rental	Wash. Mutual / Bo			
	629/639 Valley Rd Reno	SINALE Lamily rental	μ			
	Pary # 010-251-13	Valant lot				
	10.000					
		CREDITORS				
	(a) the debit is secured by a mortgage or of question 9 above, or (b) the debt is one foretained by the seller or its assignee or des Name of Creditor	for which a security interest in a motor	r vehicle for personal use was			
	<u>BU</u>	SINESS ENTITIES				
11.	List each business entity in which you or a trust, director, officer, owner (in whole or security representing one percent or more entity. See Canon 4I(2)(a)(vi). Attach add Business Entity	in part), limited or general partner, or e of the total outstanding stock or sec	holder of any class of stock or			
	Home Energy Show	owner	SDOURE			
	<i>J</i> /					
	Marine Ma					

GIFTS, BEQUESTS, FAVORS, OR LOANS

12.	Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. See especially Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.					
	Date Date	Name and Place of Gift	Name of Donor	Amount		
	None			-		
				· ———		

	I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.					
	March 29, 2010	Patricia	4. Lynch			
	Date /		Signature			
	File this form with the Stat	a Casset A desiriatestan				

File this form with the State Court Administrator.

Deliver or mail to:

State Court Administrator Administrative Office of the Courts 201 S. Carson Street, Suite 250 Carson City, Nevada 89701-4702

Telephone: (775) 684-1700